	iya Samriddl FORM SSA-1	ni Account	
Form Type			
For Office Use:			
Branch Name Branch Code:	Transfer ir	Account Opened at Sol	ID: 004 Date: D D M M Y Y
Cus	tomer Onboarding Sectio	n (For Minor)	
Name* P R E F I R S T			
Existing Customer *			ABC (minor) u/g XYZ (guardian)'
Customer updation required for Re-KYC / Contact details updationIf If not existing customer, I confirm if found otherwise, bank reserves th	e right to consolidate the cus	· · · · · · · · · · · · · · · · · · ·	t any prior notice to me
Following fields Are Applicable for new customers or any KYC Modifications On			
Date of Birth*# D D M M Y Y Y Gender* FEM. # If minor/ senior citizen, please provide proof of DOB **If minor please			lity INDIAN
	***If PAN No. is	not available, please fill up Additio	
	Please fill the la	itest version of form 60 as seprate	annexure
Mother's Maiden Name*			
Address Details For all payroll accounts of defence per Communication Address (Minor address to be captured)	rsonnel, the communication addr	ess should be only of the Unit. Civilian ac	Idress should not be mentioned
Landmark*		City*	
Pin code* State*			
	/Parental Company P	Country*	
Kented / Leaded / Meesta	E.G. RKADAM@GM		
Mobile No* Email A			
Tel. No.(R) Tel. 1	Please ensure to furnish lo. (O)	correct email ID. You will be sent monthl	y account statements at the email ID mentioned above
Permanent Address* Same as communication address	Please note the address belo		
Landmark*		City*	
Pin code* State*		Country*	
Residence Type* Owned Rented/Leased Ancestra	/Parental Company P	rovided Preferred Language	of Communication*
	Customer Profile (Select any	one option)	
Occupation* Salaried Self Employed Business			ccupation Code for Minor*
	>10-15		50
Salaried* Y N If Yes*, Employer Name	Job Ro	le Designati	on
Status* Blind Physically Challenged Pardanash	in Normal is	the account opened face to face *	
Education* Below SSC SSC HSC Graduate	Masters Professiona	(CA, CS, CMA, Others)	
Source of Funds* Salary Business Inheritance Investments Others, please specify			
Monthly Income (₹)* Net worth(₹ lakhs)*:			
Business / Self Employed*			
Annual Business Turnover (₹ lakhs)* < 1 >1-5 >5-10	>10-15 >15-25	>25-50 >50-100 >1	00
	Know Your Custom	ner*	
Account opening through e-KYC(Aadhaar)		To be fi	illed by the Branch
If No, please provide KYC documents (Attach photocopies of the for		dense also estatual constant of also	
Identity Proof Document Type ID No.	Issuing Authority	Place of Issue	Date of Issue

"The customer details will be maintained as per self-attested copy of supporting documents provided at the time of account opening duly verified with original by branch officer in case details provided in the account opening form are not legible or does not match with the supporting documents."

SSS Account Opening Section				
Mode of Operation*				
Self	Either / Survivor	Former / Survivo	Anyone / Survi	ivor Jointly by all
Minor A/C operated by Guardian	n Others			
		Initial Payment	Details	
Initial amount ₹	(in words)			
Mode of Payment: Cash	Debit my/our existing A/C	A/C No.		(as per mode of operation)
Cheque No.			Dated D D M M	
Drawn on Bank	Branch			Signature Applicant Signature
Office use only: Initial Deposit Finacle	e Tran ID	Finacle	Tran Date D D M M	Y Y Y Y only for A/C Debit
	Cu	stomer Onboarding Sect	ion (For Guardian)	
Name* PREFIX FIRS				
Existing Customer *	es, Customer ID			
Customer updation required for Re-K	YC / Contact details updation	If No, please	proceed to filling the "PPF A	Account Opening Section"
If not existing customer, I confirm if fo Following fields Are Applicable for new		-		de, without any prior notice to me ren below will be updated in all accounts held with the bank)
Date of Birth*# D D M M	Y Y Y Y Gender*	M F Minor** Y N M	arried* 📉 📐 Nationali	ty INDIAN
# If minor/ senior citizen, please prov	vide proof of DOB **If minor ple			
PAN***	or F		he latest version of form 60	up Additional declaration Form 60 or 61 as seprate annexure
Mother's Maiden Name*				
Address Details	For all payroll accounts of defence	e personnel, the communication	address should be only of the Un	it. Civilian address should not be mentioned
Communication Address* (Guardian address to be captured)				
Landmark*			City	*
Pin code*	State*		Cou	ntry*
Residence Type* Owned		tral/Parental Compa	ny Provided	
		E.G. RKADAM@0		
Mobile No	Emai	I Address	nich corroct omail ID. Vou will be	sent monthly account statements at the email ID mentioned above
Tel. No.(R)	Te	el. No. (O)	insir correct emained. Fou win be	sent monthly account statements at the emain D mentioned above
	communication address	Please note the address	below	
L an dan and A				· · · · · · · · · · · · · · · · · · ·
Landmark*			City	
Pin code*	State*			Country*
Residence Type* Owned	Rented/Leased Ances	tral/Parental Compa	ny Provided Preferred	Language of Communication*
Occupation* Salaried S	Self Employed Busines	Customer Profile (Selections Retired St	t any one option) cudent Housewife	Others Occupation Code*#
Annual Turnover/ Income* (Net Credits in ₹lakhs)	<1 >1-5	>5-10 >1	0-15 >15-25	>25-50 >50
Know Your Customer*				
Account opening through e-KYC(Aadh	haar)	ID		To be filled by the Branch
			produce the original copie	es of these documents for verification)
Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue	

Additional Declarations
Signatures Mismatch Declaration (in case of major mismatch customer needs to submit an affidavit)
The signature on the ID proof / Address / Cheque provided is different from my signature on the Account Opening Form. Please consider the signature on the Account
Opening Form as my updated signature in your Bank records.
Old signature New signature
As per documents/ as per account
Existing Customer ID opening form
I agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties (including attorney fees) suffered and/or incurred by for any act done or omitted to be done on account of the above declaration.
Minor Declaration
Type of Guardian: Father Mother Court Appointed Testamentary Guardian
Full Name of Guardian Mr. Ms.
I hereby declare that the date of birth of the minor who is my is/ and I am his/her natural and lawful guardian/guardian appointed by court or other than the date of birth of the minor who is my is is/
dated/ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemn
the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.
Signature of Guardian
Annexure III
Declaration from the guardian of the minor confirming that the account of the minor shall be operated for the benefit of the minor
To, Date:
Axis Bank Ltd. Branch.
Dear Sir / Madam,
Ref: Proposed Savings / Recurring / Fixed / in the name of my minor son / daughter Master / M
to be opened with the undersigned as the father / mother / guardi
I do hereby give my consent to your opening Savings / Deposit Account in the name of my minor son / daughter Master / M
to be operated upon by myself as the father / mother / guardian appointed by the Court of Law. All operations in the father / mother / guardian appointed by the Court of Law. All operations in the father / mother / guardian appointed by the Court of Law.
said account will be binding on me as the guardian of the above-named minor. I agree and undertake that I will operate the account as stated above, for the benefit of my mi son / daughter.
Verme feithfe
Yours faithfu
(Signature of the minor's fathe mother / Court appointed guardia
Place:
Date:
Declaration

i.	۱(name	of parent / guardian) h	nereby apply for opening an account under 'Sukanya Samriddhi Account' sch	eme,
	in the name of Kumari			/
	(₹) in cash / Cheque / DD. No	o date	as initial subscription.	
ii.	I hereby undertake to abide by the provisions / rules of the 'Sukanya S	amriddhi Account' mer	ntioned overleaf and amendments issued thereto from time to time.	

iii. I hereby declare that I have not opened OR maintaining any other account under the same scheme in the name of ______ (Name

of girl child) in any other Post Office or Bank.

iv. I hereby declare that the facility is availed for $(1^{st}/2^{nd}/3^{rd})$ in case of twins minor child / children).

 $v. \hspace{0.5cm} I \hspace{0.1cm} hereby \hspace{0.1cm} declare \hspace{0.1cm} that \hspace{0.1cm} I \hspace{0.1cm} am \hspace{0.1cm} married/\hspace{0.1cm} unmarried \hspace{0.1cm} (strike \hspace{0.1cm} out \hspace{0.1cm} whichever \hspace{0.1cm} is \hspace{0.1cm} applicable)$

Details of other girl child:

1) Twin Child 1:	(Povide Sukanya Account already opened / customer id)
2) Twin Child 2:	(Povide Sukanya Account already opened / customer id)
3) Girl child other than Twin Child:	(₽ovide Sukanya Account already opened / customer id)

	ACCC	OUNT IN THE NAME OF SELF/MIN	OR (S)
Sr. No.	Description	Name a	and address of the Bank/Post office and account no.
following types of Public Pr	rovident Fund Account, Individual Self Accou	nt and Account(s) on behalf of minor(s) of	to time which is ₹1, 50,000/- in a financial year at present in each of the whom I am the guardian. In case, at any time the said declaration is found
untrue/false, no interest sh	nall be payable to me/the subscriber on the am	ount of deposit found in excess of the pre-	scribed limit
Photo of			
35mm X 35mm			
			Signature of Bank Official in whose presence signed
			EMP No.
Signature or thumh impr	ression of subscriber/guardian		
		For Office Use Only	
A/C No.		BDE/Lead Generator Code	Signature
A/C Report	A/C Label1		
Code Ledger No	A/C Label2	BDE/Lead Convertor Code	Circular
		Manager/CSTM	Signature
Camp. Code			
	Cam	p. Reference Number	Branch Head / Authorized Signatory
DECLARATION BY THE B			Norse of Official
I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please be set up in Finacle. Incase of signature mismatch, I certify that the customer has been personally met			
and has signed in my prese	ence. Kindly process the request.		S. S. Number:

*Salient Features of the Sukanya Samriddhi Account

- Account can be opened in the name of a girl child till she attains the age of 10 years. 1.
- 2. Only one account can be opened in the name of a girl child.
- Natural or legal guardian of a girl child shall be allowed to open the account for two girl children only. Provided that the natural or legal guardian of the girl child shall be allowed to 3. open 3rd account in the event of birth of twin girls as second birth or if the first birth itself results into three girl children, on production of a certificate to this effect from competent medical authorities where the birth of such twin or triple girl children takes place.
- Minimum deposit amount for this account is ₹1,000/- per Financial Year and subsequent deposit should be in multiples of ₹100/- (subject to change as per Ministry notification) 4
- 5. Maximum is ₹1,50,000/- per Financial Year (subject to change as per Ministry notification).
- If minimum ₹1000/- is not deposited in a financial year, account will become irregular and can be revived with a penalty of ₹50/- per year with minimum amount required for 6. deposit for that year.
- Interest rate as may be notified by the Government from time to time will be calculated on yearly compounded basis and credited to the account. 7.
- One withdrawal shall be allowed on girl child attaining the age of 18 years to meet education/marriage expenses at the rate of 50% of the balance at the credit of preceding financial 🛓 8 year.
- 9 The account can be transferred anywhere in India from one post office/Bank to another.
- The account can be transferred anywhere in India from one post office/Bank to another. The account shall mature on completion of 21 years from the date of opening of account. However, where the marriage of the account holder (girl) takes place before completion of such period of 21 years, the operation of the account shall not be permitted beyond the date of her marriage subject to the condition that the girl is not less than 18 years of age. *The above features / guidelines are subject to changes by Ministry of Finance 10.

Acknowledgement (to be filled by Branch) Application form acknowledgment I have received Application no. ___ _____ from _____ for opening a SSS account with Axis Bank Branch ____ Name of Bank Official Mobile no._